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CONFIRMATION NO. 4016

|   |   |                                    |   |   |
|---|---|------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/509,502  | <b>FILING OR 371(c) DATE</b><br>09/28/2004<br><b>RULE</b>   | <b>CLASS</b><br>424                | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>IB/G-32413A |
| <b>APPLICANTS</b><br>Gerd Ascher, Kundl, AUSTRIA;<br>Friedrich Stauffer, Wien, AUSTRIA;<br>Heinz Berner, Wien, AUSTRIA;<br>Rosemarie Mang, Wien, AUSTRIA;   |   |                                    |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/03215 03/27/2003   |   |                                    |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0207495.3 03/28/2002<br>UNITED KINGDOM 0217149.4 07/24/2002<br>UNITED KINGDOM 0217305.2 07/25/2002   |   |                                    |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>AUSTRIA | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>18                 |
|   |   |                                    |   | <b>INDEPENDENT CLAIMS</b><br>6            |
| <b>ADDRESS</b><br>001095  |   |                                    |   |   |
| <b>TITLE</b><br>Tuberculosis treatment  |   |                                    |   |   |
| <b>FILING FEE RECEIVED</b><br>1178  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |